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HYGIENIC TREATMENT OF PATIENTS.

BY J. LITTLE, M.D., LE ROY, ILL.

(*Concluded from p.* 176.)

DURING the discussion of typhus fever before the Academy of Medicine in New York city, a few years ago, Dr. Smith related the following brief history. During the year 1838, a vessel came into port, some where south of the city, with typhus fever raging among the passengers and crew to a fearful extent. The passengers and vessel were in a shockingly filthy condition, as the voyage had been a protracted one, and many deaths had occurred, though the sick received prompt medical aid. As soon as the vessel landed, the sick were immediately taken on shore, except four of the crew, who preferred to remain on the ship, as they had comfortable quarters and good attention. Tents and shelters were put up for the sick, and pure air, and good water and food were abundantly supplied. All were bathed daily, and clean, comfortable clothing and bedding were furnished as often as occasion required. Sweet milk, fresh meats and animal essences, and fruits and vegetables were liberally provided and administered to all. No medicines at all were given, except a very mild cathartic, or

an opiate, to a very few, and a little wine to the most feeble. The first night the patients were ashore, and before shelters and beds were provided, a heavy shower of rain fell, drenching every one completely, but the succeeding day being warm and sunny, every thing was soon dried, and the patients made very comfortable. The number treated on land was about sixty, if I remember correctly; and of these but three or four died, and of the four treated on the vessel three died. The sixty were treated hygienically, the four therapeutically; the sixty were removed from the cause of the disease, and placed in harmony with nature's agents and laws, the four were left under the full power of the cause of the disease, and dosed instead of nourished, and we have the result.

In the years 1863 and 1864, typhus fever prevailed in New York city, and the fever wards of Bellevue Hospital were filled with typhus patients. Sixteen of the house staff had the disease, and eight died; and sixteen of the attendants had fever, and nine died. These cases were all treated on the most approved and scientific plans, by the ablest and most experienced physicians of the city of New York. Stimulants, the mineral acids, quinine, etc., were freely used.

Prof. Hamilton had just returned from the army, and he conceived the idea of removing all the typhus fever patients to Blackwell's Island, and placing them in new tents and treating them on purely hygienic principles. This was accordingly done, and at the end of six months, a report was made by rof. Loomis, the attending physician, which showed a mortality of one in ten. No medicines at all had been used as *remedies* for the disease. Abundance of pure air was supplied day and night; all clothing, furniture, and vessels were kept scrupulously clean; the patients were bathed and well nourished, daily. Cheerfulness was encouraged, and every thing was managed on strictly hygienic principles.

This was a brilliant triumph of hygiene, and Prof. Loomis' report was commented upon largely, both in this country and Europe. This report was a history of an occurrence, and nobody could criticize or gainsay it.

I witnessed several striking instances in the army, during the late war, in which treating patients hygienically was far superior to treating their diseases with drugs and medicines merely. In the autumn of 1861, typhoid fever raged extensively, and proved very fatal among the troops at Ironton, and Pilot Knob, Mo. The sick were treated in hospital tents, an old school-house, a church, and two or three old store-houses. These places were all crowded full of the sick, were filthy, and poorly ventilated. The disease was vigorously treated, according to Wood and Watson's practices, but no special attention was paid to sanitary regulations. *Opium*, *Blue pill*, *Ipecac*, *Turpentine emulsion*, *Quinine*, *Sinapisms*, and other medical agents were daily exhibited, and still death swept its victims to premature graves. The number of deaths was so large as to attract the attention of the Sanitary Commission at St. Louis, and agents were sent to investigate the matter. In their report the agents attributed the large mortality to non-attention to sanitary rules in the treatment of the disease and the management of the hospitals. In compliance with their recommendation, a complete and radical change was at once made in the treatment of the sick. The hospitals were all thoroughly ventilated and cleansed, the patients were provided with clean, comfortable beds and clothes, a sufficiency of fresh milk, eggs, beef, bread, fruits, and vegetables were furnished, warm sponge baths were daily given, and an air of cheerfulness was made to take the place of the gloom and sorrow that filled every heart, and every thing was managed in a hygienic and common sense way. Medicines were very sparingly administered, and the death rate decreased from one in six to about one in fifteen. Common sense would have dictated this change long before, if the doctors had not been blinded by the theories and routinism of the books.

Every camp and hospital in the army afforded proof of the safety and advantage of treating patients hygienically, as well as their diseases therapeutically. In the history of the small-pox hospital of Vicksburg, we have a marked example of the superior efficacy of the hygienic management of the patient, over mere drug medication, in variola.

In the practice of many of our brethren, we see the disease treated most persistently and vigorously, to the almost total neglect of the laws of health and life. The patient is allowed to lie in the same bed, clothes, and room, from week to week; the doctor, in the mean time, making his daily visits, and prescribing pills, powers, drops, decoctions, etc., and giving strict orders how they shall be given, and not a word is said about ventilation, cleanliness, and dietetics. Treat a strong, healthy man as the sick are too often treated; confine him in a close room, in a warm bed, and deprive him of suitable food, and drink, and agreeable company and surroundings, and how long will he continue well? When physicians learn that all the natural agents essential to health and life, are to be supplied in their freshness and purity to the sick; when they learn what is good for a well man is not injurious to a sick man, they will treat their patients more, and their diseases less, heroically.

Why cram medicines down our patients' throats on every occasion? Is it treating our fellow citizens fairly to dose them every time they ask our advice? The physician who prescribes medicines when nothing is needed, in order to mislead his patient and make money, is too base to perform the sacred offices of the noble profession he is prostituting. Hundreds of patients have been destroyed by the drugs given them to cure their diseases. Is it not, indeed, astonishing what quantities of drugs and medicines are annually consumed by the invalids of our country? Patent medicines of almost innumerable kinds fill the shelves of the drug-stores in the land, and every newspaper has from one to four or five columns of advertisements and recommendations of these villainous compounds. Why is this? Is it not because the people have a ridiculous and superstitious faith in medicines, growing out of their ignorance of the science of medicine? Are not the physicians more responsible for all this than any other class of community? Who have kept the people in ignorance of the science of medicine, and taught them to have so much faith in drugs and medicines, if they have not? If the people knew as much of

anatomy and physiology as the doctors, do you suppose they would swallow every nostrum that is blown at them by quacks? They would not take medicines at all, unless prescribed by a regularly educated physician. Let physicians deem it not beneath their dignity to give the people all the information possible on medical topics, and they will have less faith in medicines, but a great deal more in the scientific physician.

Prof. Meigs says "a physician is not of necessity a doser, a drugger; and that in a large number of cases in which he is consulted, the patient will escape all physic and be cured by wise counsel. It is often dangerous to ask a physician the question what shall we do; because habit, custom, routinism almost always compel him to say take — take. Every one knows very well that a large variety of the complaints of pains, disabilities and fevers made by physicians, require for their removal only that the patient should know their nature, causes, and tendencies. The homœopaths treat multitudes of people by thus giving them not the least particle, but only the name of a drug, and all that recover under their guidance, give evidence of the great abundance of spontaneous cures."

I believe many are driven to homœopathy because they are tired of being drugged with massive doses of powerful medicines every time they are ill, or even "slightly indisposed." If there is such necessity for medicines, and they possess such wonderful virtues, why is it that the homœopaths, hydropaths, electricians, and others who discard them entirely, herald so many cures, and have so many followers?

If we would study nature as did the fathers of medicine, observe the natural course of diseases uninfluenced by drugs, we would soon learn that almost all diseases tend to recovery. Any experienced physician will acknowledge, if he is honest, that not more than one patient in five who consult him really needs any thing more than hygienic treatment. It is now admitted on all sides that the practice of our art is not nearly so heroic as it was twenty years ago, and it is also admitted to be more successful than then. The tendency is to conserva-

tism, and to dispense with these powerful measures so freely employed in years gone by.

Prof. Flint says: "It may be laid down as a golden rule in therapeutics, that active measures of treatment are only to be employed in cases to which they seem to the physician to be clearly indicated. The severity of the disease, and the danger of the patient, be they never so great, do not alone constitute grounds for the employment of active measures. If they are not useful they will be likely to do harm. The physician should be content with doing nothing when ignorant how to do good." These are truly golden rules, and there are many more such in Prof. Flint's new work on the theory and practice of medicine. In the treatment of all diseases he dwells more or less at length on their hygienic management, and in some cases he says, that "far more reliance is to be placed on hygienic than on medical measures of treatment." I have heard him declare, on more than one occasion, his preference for hygieo-therapeutics, if compelled to choose between that and therapeutics strictly so called.

Prof. Bedford, one of the most distinguished and successful practitioners and teachers of New York, always warmly urged the immense value of hygiene in the treatment and prevention of all classes of disease. All who have studied the writings of that illustrious physician of Scotland, Prof. Bennett, know what great stress he puts on sanitary and hygienic measures. I believe the leading medical men every where have more confidence in purely and strictly hygienic and sanitary agents and measures, than they have in drugs and medicines alone in the cure and prevention of diseases.

I heard a very learned and experienced Irish physician once remark, that he used but little medicine in his practice of late, and when he did use it, it was a good deal as cities use scavengers — to clean the streets, alleys, and channels of his patient's system. He said people were continually violating nature's laws, and bringing down upon them their penalties, and it was necessary to remove the obstructions to normal actions in the body, and this could sometimes be most speedily

done with appropriate medicines, but the cure of the patient was the work of nature, and the physician who did not avail himself of hygienic measures in the treatment of his patients was not wise, for in this field were his grandest and safest resources.

We learn from our journals, that some of the most scientific physicians of Germany and England are treating their patients with milk. This milk treatment seems to be gaining a good deal of popularity on account of its success and agreeableness. I read an article in the *London Lancet*, a short time since, in course of which the writer used the following language: "Milk, in the treatment of all fevers, is a valuable agent, especially in typhus and typhoid fevers. Drugs complicate and mask the disease. Leave as many cases of fevers as possible to their natural course, unaffected by drugs or stimulants. Patients with fevers must be fed, and fed often, and with milk. Sweet milk or butter milk may be employed. Withhold brandy and wine, and all alcoholic liquors, and give milk."

Dr. Parish, of New York, in an address before the Academy of Medicine, said he believed that many typhus fever patients had died drunk, and others of delirium tremens, so freely had wine, brandy, etc., been administered in the treatment of this disease. He said that over-medication was so common that it was next to impossible to study the symptoms of disease, and their natural history. Dr. Hooker believes that the typhus syncopalis of a preceding generation in New England, "was often, in fact, a brandy and opium disease." It is said that England's greatest surgeon, Sir Astley Cooper, once remarked that more harm than good is done by medicines, and other surgeons and physicians of renown have made similar remarks.

Everybody knows, who has ever taken a dose of powerful medicine, or has seen a person under its influence, that it is directly hurtful, though it may be indirectly beneficial.

A very able and facetious professor once declared that "medication without insuring favorable hygienic conditions, is like amputation without ligatures." He said, "throw out

opium, throw out a few specifics, throw out wine which is food, and the vapors which produce anæsthesia, and I firmly believe that if the whole Materia Medica, *as now used*, could be sunk to the bottom of the sea, it would be all the better for mankind — and all the worse for the fishes." Further on in the same address, he says, "but if the Materia Medica were lost overboard, how much more pains would be taken in ordering all the circumstances surrounding the patient, than are taken now by too many who do their duty and earn their money when they write a prescription for a patient left in an atmosphere of domestic malaria, or to the most negligent kind of nursing. I confess that I should think my chances of recovery from illness less with Hippocrates for my physician, and Mrs. Gamp for my nurse, than if I were in the hands of Hahnemann himself, with Florence Nightingale or good Rebecca Taylor to care for me."

Time and faith in God are the great panaceas for all the troubles and evils of this life. "What can not be cured must be endured," and there are diseases or cases that hygienic and medical treatment will fail to remove, and the patient will have to suffer on till death comes to his relief.

To study nature, to be in harmony and sympathy with her, to imitate her in all we do, to question her at every step, should be the aim and glory of the physician. The art of medicine is but the hand-maid of nature, and the true physician her humble, dutiful, intelligent and *free* servant. Then, gentlemen, with hygiene as our professional compass, and "*experientia et progressus*" as our motto, and having a living faith in the principles of Christianity, our paths through life will be thickly strewn with living witnesses of our usefulness and success as physicians, and our goodness as men.

CASE OF PARAPLEGIA:

The result of slightly depressed bone over the fronto-parietal region of skull, caused by musket-ball. Operation of trephining and cure.

BY CHAS. M. CLARK, M.D., LATE SURGEON 39TH ILLINOIS VOLS.

M. F. S., late private of Co. E. 39th Ill. Vol. Infantry, was wounded August 15th, 1863, in front of Fort Wagner, S. C., by a conoidal ball, which struck the left side of head, impinging on the "os frontis," near the coronal suture, one inch and a half from the apex or crown of the "os frontis." Simple dressing was given at the time of the wound, and the scalp healed readily. After the scalp wound had healed, he was placed on light camp duty, and evinced no bad symptoms from continuous daily labor.

January 1st, 1864, he began to experience a feeling of numbness in his privates, nates, and right limb, which increased and extended to the left limb, and at the same time he commenced to suffer with difficulty in voiding his urine. He sought medical advice at this time, considering that he had the *gravel*, and went to a Mrs. Dr. Waiscott, Kankakee, Ill., where he was subjected to a bathing process for a period of seven (7) weeks, without any good resulting. Then he consulted Dr. Fox, of Washington, and also Dr. Johnson, who gave him an examination, and pronounced his disability to be "a general disease of the spine," resulting in paralysis. (It is due to Dr. Johnson to state that his patient, at this time, had not told him of the injury to his head.)

When treatment was commenced with Dr. F., the numbness was all confined to the right limb, but was commencing in the left; also, had lost control of his bowels, and had great difficulty in passing his water. He then tried a galvanic battery, which, as he states, "would relieve him for a few moments, and then would be as bad as before."

He went to Dr. Johnson again, and was stripped for examination. The Doctor gave him a thorough physical examination, and pronounced him sound in his "vital organs." The patient then stated to the Doctor the fact of his having been wounded in the head, and the Doctor, *after* examination, stated that an *operation* would be necessary in order to relieve him of his trouble.

At this time, a Dr. Rainford, of Kankakee county, wished him to remain and be experimented upon with the galvanic battery and air-pump, holding forth inducements of permanent benefit.

The case was brought to me November 27th, 1867, for examination, and after a thorough inspection, it was decided to operate by raising the portion of depressed skull as a means of restoration to a normal condition.

December 9th, 1867, he was placed under the influence of a mixture of chloroform and ether — the hair shaved from the part, and a conical incision made through the scalp, and the flaps turned back. The periosteum was then scraped off and the trephine applied at a point that would cover the whole of the depressed bone. He was allowed to recover from the anæsthetic before the section was complete, in order that when the bone was raised we might note more fully the result.

As soon as the circle of bone was raised, (which was one inch in diameter), he commenced the free use of a limb that had hitherto been useless, and expressed himself as feeling as "good as ever!" Sensation and motion had returned almost on the instant that the bone was lifted, and he kicked about joyously.

After dressing the wound he walked unaided to his bed.

December 10th. Is feeling very comfortable this morning. Advised a mild aperient, with a pulvis of *Opii et Potassæ Nitrat.* Cold water dressing to the head.

11th. Rested well last night, but this morning had a light chill. Gave *Quinine* and *Dover's powder.*

12th. Expresses himself as feeling first-rate. Sensation

and motion have returned almost complete, although there is some numbness about the perineum, but has no difficulty in controlling his urine or fæces. Removed stitches from the wound, which has united, excepting at the points of incision, where there is slight suppuration.

13th. Sleeps well at night; bowels move off naturally, and can control his water, which passes freely. Had some little vertigo in the morning, but soon passed away.

14th to 23rd. Is increasing in strength daily, and can walk easily and readily without help of cane—especially up and down stairs. Wound of scalp entirely healed.

24th. Went home to spend the holidays, and walked nearly three miles.

January 3rd, 1868. Returned to my care; has taken some cold, and feels weak; placed him on *Iron* and *Quinine*.

4th. The medicine gives him vertigo, and he loses control of his bowels and bladder.

5th to 10th. Discontinued the *Iron* and *Quinine*, and gave him *Brom. potass.* and the best of food.

13th. Came to my office to-day, saying that he feels perfectly well, and wants a plate fitted over the "hole in his head." Says that his animal passions have returned, and he wishes to go home to his wife. Has had no passion for a woman before since January, 1867, at which time the parts became paralyzed.

14. Went home.

It should have been stated, that the least pressure over the depressed portion of bone gave him very peculiar sensations down to the extremities of the toes of right foot.

When the skull was fully exposed and denuded of periosteum, the bone immediately over the depression seemed loose in texture, and blood oozed freely from it. The circle of bone raised was $\frac{2}{3}$ of an inch in thickness throughout its whole area.

A SUSPENSION SPLINT, FOR TREATING SIMPLE AND COMPOUND FRACTURES OF THE LEG.

BY E. A. CLARK, M.D., RESIDENT PHYSICIAN, ST. LOUIS CITY HOSPITAL.

THE great necessity for a well adapted apparatus in treating fractures of the leg, suggested the utility of the instrument I have designed in the following woodcut, which not only answers every practical purpose in treating this class of fractures, but also contributes very much to the comfort of the patient, who, while he is enabled to execute every movement of which the sound limb is capable, yet can not displace the fracture or modify the force of extension. In presenting this apparatus, I claim an advantage over those invented by Hutchinson, John Neill, Crandall and Salter, not only for the means of extension and counter-extension, but also its adaptation to the treatment of compound fractures of the leg, as represented in figure No. 2. And considering the simplicity of this instrument, with its cheapness and application to every variety of fractures of the leg, will certainly give it the precedence with those who may venture to use it in a single case. The apparatus is such as may be made by any blacksmith, or indeed by any ingenious surgeon in a case of necessity, when a wooden frame and two hoops, with a common iron pulley, will answer quite as well as the instrument which I have had made of iron on the following plan: (See Fig. 1.)

The two arches represented by the letter (H), at one end, are made of iron bars one-eighth of an inch in thickness, and three-fourths of an inch wide. These arches are continuous with the bottom pieces (K), which support them upon the bed, and measure twenty-two inches in length, making the distance between the two arches, which are also supported on the sides by the two slender bars (FF); while the bar extending across the top, upon which the pulley (P) glides, should

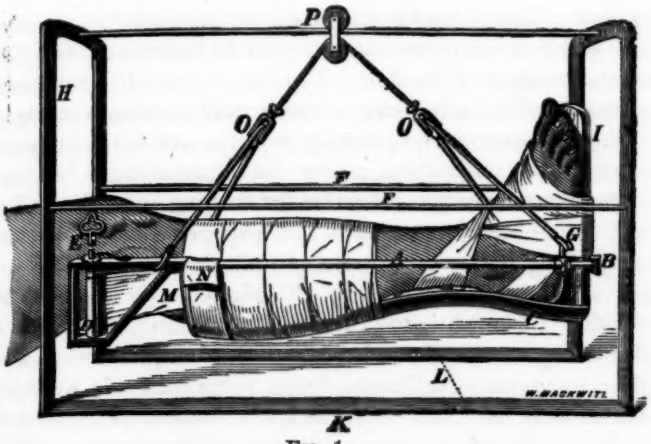

FIG. 1.

be made flat, with the long diameter perpendicular so as to prevent it bending with the weight of the leg. The width of the arch under which the leg is suspended, as indicated by the letter (L), should be 15 inches, and the arch 18 inches from the surface of the bed.

This description will be sufficient to indicate the proportions of the exterior apparatus. The bars represented by the letter (A), in which the leg is suspended, should be about two feet in length—unless when the fracture is too close to the knee, and it may be necessary to attach the adhesive straps (M) above the knee, then the bars may extend to near the perineum if necessary. The crossbar passing beneath the bracket at (B), and upon which the foot rests, should be flattened, and five inches in length, so as to allow ample space for the limb to rest between the bars; the space between these bars at the upper end should ordinarily be about six inches. The splint (C) upon which the leg rests in figure No. 1, should be fluted upon its upper surface so as to conform to the shape of the leg, while it is also made oval upon its under surface, so that both the leg and the splint may be included in the bandage shown in figure No. 1, by which means any displacement may be corrected in the fracture and the bones kept in perfect ap-

position. The foot-piece (I) should be attached to the posterior splint at an obtuse angle, so as to correspond with the natural position of the foot. The foot is bound to this piece by means of adhesive straps which may embrace the whole of the foot, and extend partially over the ankle, but not so as to arrest the circulation, as by the figure-of-eight bandage formerly used around the ankle for making extension. The leg then, as seen in figure No. 1, is supported upon the cross-bar passing under the bracket (B) attached to the foot-piece, and by resting upon the strap (N), pinned over the bars (A) on either side; while the extension and counter-extension is effected by means of the bar across the foot-piece below, and above by means of adhesive straps three inches in width, as indicated by the letter (M), which are attached to the sides of the leg, beginning just above the point of fracture and passing, up to be wound around the cylinder (D), which is three and a half inches in length, and turned by means of an ordinary clock-key, represented by the letter (E). This cylinder is held in any position to which it may be turned by a ratchet and wheel placed upon the upper surface of the bar, as indicated in the diagram—

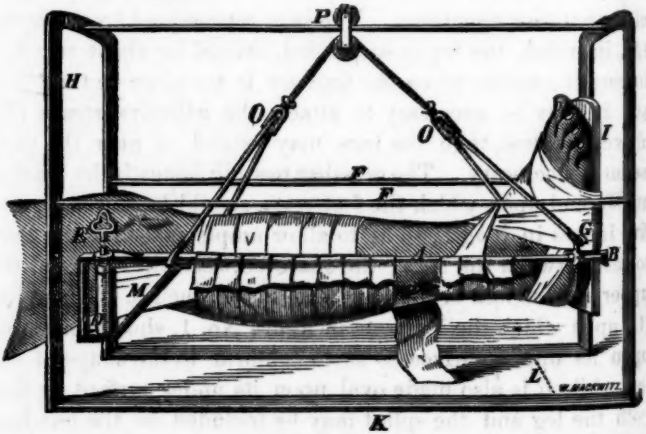

FIG. 2.

It will be observed in figure No. 2, that there is no posterior

splint as in the other diagram, but the leg is supported entirely by strips of muslin pinned over the bars on either side, which renders this apparatus more appropriate for the treatment of compound fractures in which the wound may be examined and dressed when necessary, by removing one or more of these strips, which may be replaced by new ones, without disturbing the fracture. The attachment of the foot-piece in this dressing does not in any particular differ from that of figure No. 1. The means of suspension is the same in both these dressings, which, by means of the pulley at the letter (P), the patient is enabled to move his limb, or even his body, forward and back to the extent of the length of the bar upon which it glides, and by means of the cord playing over the under wheel in the same pulley, the patient is able to flex and extend the knee by depressing or elevating the foot, which movement can be executed by a very slight effort on the part of the patient, while at the same time he can swing the leg from side to side to any extent within the space of the arches; and by means of the cords playing through the pulleys at (OO), the leg can be rotated to any extent, even to allow the patient to lie upon his side if he desires, without disturbing the fracture in the least. It will be observed in the diagrams that at the letter (G) there is a thimble, which can be made to slide upon the bar, by means of which the lower end of the leg can be elevated or depressed at the will of the patient, by sliding this thimble forward or back, and fixing it at any point by means of the little thumb-screw attached to this thimble. In developing the utility of this apparatus for the treatment of fractures of the leg, I have tried various means of attaching the foot at the bottom, such as the muslin and flannel bandages in the form of a figure of eight around the ankle, covering the foot also as far as the toes; but have always found them objectionable from the great amount of pressure, and consequent arrest of the circulation in the foot, though the flannel bandage is much less objectionable than the muslin. But I have been able to obviate this objection by the use of the adhesive plaster

attached over the front of the foot, and around the foot-piece, as shown in the diagram; this I have ordinarily found quite sufficient, unless in rare cases, when an unusual counter-extending force is required, it may become necessary—as very aptly suggested by Prof. Hammer of this city—to pass a strip of adhesive plaster beneath the heel and around the foot-piece, which adds very much to the strength of the dressing. I have recently treated six cases of fractures of the leg with this apparatus, in which both bones were fractured, and in which there was more or less shortening in each case, with excellent results in all of them, without allowing the least deformity or shortening, while the patients were all grateful for the comforts allowed them by this apparatus during their confinement.

SENILE GANGRENE.

BY JAMES T. NEWMAN, M.D.

I WAS called, the 3rd of December, 1867, to see an old lady, 99 years of age. She was suffering with gangrena senilis. On inquiring into the history of her case, I found that she had valvular disease of the heart, and that she had been laboring under the difficulty about twenty years. I also discovered that seven years ago she had an erysipelatous affection. She recovered from the last named disease, and enjoyed good health, until she contracted dry mortification of the right foot. The course of this terrible malady is too well known to require a minute description. Suffice it to say, that she had great pain in the toes, accompanied with a stinging, burning sensation. The limb did not swell much, but the whole foot and ankle soon became discolored, dry, and without smell, looking as black as charcoal. From the ankle upward it had a mottled appearance all over the leg. I also found the temperature of the member much lower than natural. Although this is called dry mortification, in this case there was a separation of the

cuticle, and a dark bloody serum effused into vesicles, as in acute mortification, and the bottom of the vesicles were dark colored and livid. The march of the disease was not rapid. In thirty-five days after the parts became affected, all the toes of the right foot dropped off at the second joint. At this stage of the disease it threw off a very disagreeable odor.

Her appetite is good, and she does not seem to waste as much as I had expected. I have described the symptoms and the course of the case up to the time of writing. Her pulse ranges between fifty-five and sixty. My *confrére* was called in; he commenced feeling along the tibial and fibial arteries up to the popliteal space, and finding no ossification of these arteries, asked me upon what did I base my diagnosis. I told him that I recognized a deficiency of the heart's action in the irregular beating of the pulse, and the difficulty she experienced in respiration. Now what are the causes of gangrena senilis? It has been generally supposed that there was ossification of arterial trunks, and sometimes we can feel very distinctly that the artery is ossified. The larger arteries are not invariably ossified in this disease. *Cruveilhier* always referred gangrena senilis to ossification.

There must be some unfavorable circumstance combined with the ossification, as impaired health, disease of the heart, or its valves, producing disorder of the circulation. Then the venous blood can not pass freely, and accumulates in the lower extremities, impeding the circulation. It is doubted by many good surgeons whether ossification of the arteries alone is capable of producing gangrena senilis. I think it is not. Among the causes I would name great universal debility, extreme old age, a thickening and ossification of the coats of the arteries, and a consequent diminution of their capacity, and of their muscular and elastic power.

To the case in question — having become satisfied as to the nature of the case, a good nutritious diet was ordered. I also wrote a prescription for an ointment, composed of the following:

℞ Goulard cerate, - - - ℥ ii.
Ext. conii, - - - - - ℥ ss.
Acidi. carbol. - - - gtt. xxv.
Chloroform, - - - - ℥ ss.
M. S. Apply pro re nata.

This mixture was used to control pain, which it did in a measure, but did not seem to arrest the march of the disease. I also directed her a half grain of *Morphia* three times a day. Under this treatment she seemed to get along comfortably until the 26th of December, 1867. She then complained of a heavy weight over the epigastrium, and costiveness. I ordered her a bottle of the *Citrate of magnesia*, which moved her bowels, but appeared to increase the pain in the stomach, and commenced to vomit every thing she ate. I called to see her on the 28th, and found that nothing would lay on her stomach. I gave the following about four o'clock in the evening:

Bismuth nitratis, - - - gr. 1.
Ext. nucis vomic alcohol, - - gr. 1.
Carbonate magnesia, - - gr. vi.
Sacch. albi —, - - - - gr. xv.
Oleo. mentha piper, - - gtts vi.
M. Sg. Divide in duas partes. Sumat unam statim alteram circa mediam noctem.

This quieted her stomach, relieved her bowels, and she seemed all right. I still continue the ointment, but give her plenty of good brandy. I have omitted the *Morphia*, because we only get the anodyne, but in *Opium* we get an anodyne, a stimulant, and an absorbent. I now have her on one grain and a half of *Opium*, given three times a day.

The 2nd of January, 1868, I took the knife and made five deep incisions, corresponding with the metatarsal bones, in order to give vent to the putrid matter in the cellular tissue. I consider the knife infinitely preferable to the uncertain and tedious method of procuring the detachment of the mortified

parts by suppuration; because it diminishes the bulk of the slough, and thereby abates the fœtid effluvia.

January 10th. All of the denuded bones have been removed. I was careful not to injure the living parts. The operation occasioned very little pain, and there was no hæmorrhage of any consequence. I am very confident that surgeons will reprove me for using the knife, but in this case the process of separation was so slow that I became impatient; I therefore departed from an axiom that was always considered by me as false. Besides following a maxim of Celsus, I preferred employing a remedy, though considered by some as uncertain, rather than abandon the patient to an inevitable death—*Satis est enim anceps auxilium experiri quam nullum.* The parts have taken on a healthy appearance, the acute and throbbing pains have subsided; the only sensation now experienced, is that of itching. Pardon me for trespassing on your space, but I attribute the recovery of this case to the prompt use of *Opium* and the *knife.*

MEDICAL ERUDITION.

FEBRUARY 14th, 1868.

DR. ALLEN:—The following is sent to you as a sample of the *erudition* of some of our compeers in the "theory and practice of medicine." The foregoing is a true *copy* "verbatim et literatim et punctuatim," of advice and prescription given to a person of this city by one, J. Dodge, who calls himself Doctor, (should be "*Doctus.*")

CHAS. M. CLARK, M.D.

Sylvester green Co Wis. Feb the 10 1868

Barbra Kiblen

your Lungs the Stronger they fill better your Liver is More Active the Digestive organs Do their office Work More freely The Stomach is Stronger the Stomach and Nerves Dont

Affect your head As much the Nervous system is Stronger the Uterin organs the Stronger.

Prescription

take two thirds of A table Spoonful of the Columbo. bitters a half hour before breakfast

for A Syrup one oz of Lifeeverlasting one oz of Yellow Dock Root one fourth of A oz Seneca Snake Root one fourth of A oz of White Pond Lily Root Put All of these in six quarts of boiling Water Simmer it to one quart then strain it & sweeten it With Loaf Sugar to take Add half A Pint of fourth Proof brandy take one table spoonful A half hour before before Dinner & Supper

the White of one hens egg onetable spoonfull of Loaf Sugar one table spoonful of fourth Proof brandy beat All Well together & take this quantity in the Middle of the Afternoon Drink Scull cup Tea With your Meales Make it Weak not not boil eat Light food Rub the orguinum Liniment on your forehead & temples, Morning noon and night, & smell of it the same time. Prepare the Linament As follows. one oz oil of oniganum half oz of Sweet oil half oz of Spiritz harts horn half oz of Laudanum Put All these together and apply it as Directed.

Prepare the columbo bitters As follows. one oz of columbo Root half oz of Rhubarb, half oz of extract Dandelion one fourth of A oz of Aloes. Put all of them in one quart of Whiskey & take it As Directed Continue these Medecines seven Weeks, then you are to be seen again.

examination & Prescription

by Dr J. Dodge.

PROCEEDINGS OF THE CHICAGO MEDICAL SOCIETY.

Abscess of the Brain—Disease of Kidneys.—Dr. Fenn exhibited the kidneys of a male patient, twenty years of age, who had been brought to the Cook County Hospital in a moribund condition. No satisfactory history of the case could be obtained. The urine was highly albuminous, the cerebral symptoms usually attending uræmic poisoning, being present.

The autopsy revealed great congestion of the kidneys, especially of the pyramids.

The brain was extensively covered with thick layers of lymph. On removing the cerebrum, a distinct fluctuation was observed in the right middle lobe. An incision disclosed an abscess, containing about an ounce of dark, fœtid, purulent fluid.

Internal doses of Chloroform in Delirium Tremens.—Dr. McDonald reported a case of delirium tremens, in which the patient had not slept for three days and nights. The ordinary remedies had failed to give relief, possibly in consequence of constant vomiting, which had prevented the patient from retaining them. There was great nervous prostration.

A drachm of *chloroform*, followed every three hours with a much smaller portion, soon restored quiet and rest. The disease speedily subsided, leaving, however, a very painful irido choroiditis of the left eye, which was subsequently relieved by an iridectomy.

Olive Oil in cases of Gall Stones.—Dr. Hatch exhibited several large gall stones, which had been dejected after large doses of olive oil. The patient had lost a mother and elder sister several years before from hepatic disease, in which the passage of gall stones was one of the principal symptoms.

The patient, a female about fifty years of age, had suffered

from frequent attacks of illness, with symptoms of gall stones. In June last, she suffered severe symptoms of the disease, which were relieved, after taking each night for three nights, a third of a large common bottle of olive oil. The several very large stones presented to the society, were passed at this time. She suffered, however, almost constantly from pain, jaundice, and impaired nutrition, and finally died on the first of January last.

At the autopsy, the common biliary duct was found almost absolutely closed. The gall bladder was indurated, atrophied and firmly contracted over two very large concretions.

Disease of the Kidneys, complicating tuberculous disease of Lungs.—Dr. Ross exhibited the lungs, trachea and kidneys of a patient, who had died at the county hospital. The principal symptoms were cough, emaciation, œdema of extremities and face, delirium, albuminuria, and vomiting.

The immediate cause of death seemed to be the complete exhaustion produced by the ceaseless vomiting.

At the autopsy, there were found extensive deposit of tubercles, with cavities in the lungs; the kidneys were very large and fatty; the trachea and ileum deeply ulcerated.

Abscess between the uterus and rectum.—Dr. Danforth presented the lungs, uterus and ovaries of an unmarried patient, twenty-two years of age, who had some months previously suffered from symptoms of peritonitis, and two weeks before death, from an acute attack of inflammation of the lungs, with obscure abdominal disease.

At the autopsy, the lungs were found studded with fine miliary tubercles, rendering the whole tissue like that found in hepatization. There were extensive tuberculous deposits in the peritoneum. The traces of the former peritonitis were observed in the firm adhesions between the ovaries, uterus and bowels. There was a large sack, partially filled with pus, between the uterus and rectum, and communicating with the latter through quite a large opening.

Death from Chloroform.—Dr. Powell presented an account of a fatal case from the use of chloroform. The patient, a

young man twenty-two years of age, was apparently in robust health, although he had suffered for a long period from caries of the tibia. An operation for the removal of a sequestrum was deemed necessary, and performed on the morning of the 15th of November last. Although the patient had been directed to take no breakfast, he drank a cup of coffee and ate a cracker.

The chloroform, manufactured by Messrs. Powers & Weightman, was administered from a folded napkin, by a careful assistant, its effects being closely watched by Dr. P., until the commencement of the operation, when it was discontinued. No stimulant was given previous to the anæsthetic. No unfavorable symptom appeared either before or during the operation, which lasted about fifteen minutes. At the close of the operation the patient made an effort to vomit, and on being turned upon the side ceased to breathe. The tongue was at once drawn from the mouth, water dashed in the face, and artificial respiration (M. Hall's method) secured for a few moments, when breathing re-commenced, continued about four minutes and again ceased. Renewed efforts caused the patient to breathe three times, but he again ceased to breathe, no efforts being sufficient to resuscitate him.

An autopsy, eight hours after death, revealed no satisfactory cause of the fatal result. There were a very few minute pieces of cracker in the right bronchial tube. The right side of the heart was greatly distended with blood; the right auricle was thickened; the left side of the heart contracted. The blood in the heart and large vessels was not coagulated. The other organs were in a normal condition.

Extensive Calcareous Deposit in the Pericardium.—Doctor Ross presented the heart and pericardium of a male patient, sixty-five years of age, who had died at the County Hospital. The symptoms during the last few weeks of life, were almost constant delirium, irregular respiration, at times almost ceasing, tumultuous action of the heart, although the pulse at the wrist was very feeble, general anasarca, and prostration. The patient died comatose.

More than two-thirds of the whole tissue of the pericardium were so filled with firm calcareous deposits, that the two halves of the membrane after the removal of the heart, retained their form like eggshells. The arch and valves of the aorta were also calcareous. The smaller arteries of the abdomen, limbs, base of the brain, and orbit, were converted to hard, inelastic tubes. The lungs were normal; kidneys atrophied, cysts being present in their substance.

Cavity in Lung communicating with the Pleural Space.—Dr. Ross also exhibited the lungs of a male patient twenty-seven years of age, who had died at the county hospital, after having suffered from symptoms of emphysema of lungs, and bronchitis complicated with albuminuria. A short time before death, the patient had suffered from great pain in left side. There was extensive anasarca.

The lungs were found to be extensively emphysematous and œdematous with tubercular deposits in both apices. In the left lung there was quite a large cavity communicating through a minute opening with the pleural space. Through this opening large quantities of purulent matter had escaped between the pleura, causing extensive pleurisy. The kidneys were very large and fatty.

Medullary Cancer of the Œsophagus.—The patient, a German physician about fifty years of age, under the care of Dr. Powell, experienced slight difficulty in swallowing. At the end of six weeks, he sought the advice of Dr. Powell, who found the œsophagus so closed that the patient was unable to swallow. For four weeks subsequently the patient was supported wholly by nutritive enemata, dying at the end of this period from exhaustion. The progress of the disease was more than usually rapid. The portion affected was about four inches in length near the middle of the œsophagus, its tissue throughout its whole diameter being implicated, and the passage absolutely closed. No other organs were affected.

Polypus of the Lachrymal Sack.—Dr. Holmes reported a case of polypus of the lachrymal sack which he had removed with the assistance of Dr. Weeks. The patient, a female

thirty-four years of age, had suffered two years from obstruction of the nasal duct, with the usual symptoms. Pressure upon the tumified sack produced a discharge of mucus and watery fluid through the upper punctum, without, however, causing the disappearance of the tumor. The exact diagnosis was doubtful. The tumor appeared too hard for a polypus, and not sufficiently well defined for a calcareous concretion.

After slitting the lower canaliculus, there was much more difficulty than usual in introducing the probes. Even after the stricture, which was situated near the middle of the duct, had been well dilated, there was, at times, great difficulty in introducing the probe.

There soon appeared a button of polypoid growth through the dilated canaliculus. The patient was advised to have the sack laid open and the tumor removed.

A couple of days after this, while in the act of blowing the nose, the patient suddenly perceived an inflation of the sack, followed by the appearance of a small tumor in the inner angle of the eye. This proved to be a polypus about a sixth of an inch in diameter, spherical in shape, and attached within the sack by a narrow peduncle. The removal of the polypus was effected without difficulty.

Serious Result of Forcible Dilatation of the Sphincter ani.—Prof. Davis stated that he had recently been requested to examine a young lady, who had suffered, as she stated, from perineal abscess, and subsequently, fistula in ano, which a surgeon had attempted to relieve by forcible dilatation of the anus. This operation consisted in introducing one or two fingers of each hand into the rectum and stretching the sphincter till its muscular fibres were completely ruptured. In this case, six months after the operation, the sphincter had remained absolutely paralyzed. The unfortunate patient was totally unable to retain the fæces.

Several members stated that they had witnessed the same operation performed for the relief of fissure of the anus, with relief of the disease without unpleasant consequences.

Dr. Davis also reported the case of a healthy laborer—in

which he had injected a few drops of strong solution of persulphate of iron in six or eight large varicose tumors, situated between the foot and knee. Hard coagula were speedily produced, one of which near the foot ulcerated and sloughed. In two weeks the patient was able to commence work, which he followed for two months without difficulty, although the coagula were not wholly absorbed. At the end of this period the limb became enormously swollen, very dangerous constitutional symptoms, as in erysipelas, supervening.

Under the use of the muriated tincture of iron and sulphite of soda, the patient recovered perfect use of the leg, although he was in a very dangerous condition several days, and large vesications and abscesses formed, from which were discharged large quantities of pus and *debris* of cellular tissue.

Correction.—In the report of the proceedings of the society in the *Journal* of last December, the word "other" should be substituted for the word "these" in the following sentence: Drs. Davis and Fisher reported cases of delirium tremens under the care of *these* physicians, which had terminated suddenly (in death) after large and repeated doses of *Tinct. Digitalis* had been taken.

BOOK NOTICES.

THE DIAGNOSIS, PATHOLOGY AND TREATMENT OF DISEASES OF WOMEN; Including the Diagnosis of Pregnancy. By GRAILY HEWITT, M.D., London, F.R.C.P., Professor of Midwifery and Diseases of Women, University College, etc., etc. First American, from the second London Edition, Revised and Enlarged, with one hundred and sixteen Illustrations. Philadelphia: Lindsay & Blakiston, 1868. Pp. 707. For sale in Chicago by W. B. Keen & Co. $6.

The first London edition of this book was received with

remarkable favor by English practitioners. The present edition has been thoroughly revised, and in great part re-written. In connection with the treatment, special attention has been paid to pathology. Sixty of the illustrations are original. Without being excessively voluminous, the book may fairly claim to present a very complete review of the important subjects comprised under its title. It is clear and compact, and the JOURNAL cordially recommends it to the perusal of the profession.

PROCEEDINGS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, at the Fifteenth Annual Meeting, held at New York City, September, 1868. Also the Constitution and Roll of Members. Pp. 453. From John M. Maisch, Penn., Sec. Am. Pharm. Association.

Copies of this important volume can be obtained in Chicago by addressing or calling upon our friend E. H. Sargent, corner State and Randolph streets, who has extra copies for sale for the benefit of the Association. It is a record of great industry, and should be in the possession of every druggist; while physicians will find in it much matter of reference which they can not readily obtain elsewhere — such as investigation of active principles, new remedies, improved modes of preparation or dispensing, etc., etc.

CONSUMPTION in New England and Elsewhere; or, Soil-Moisture one of its Chief Causes. Address delivered before the Massachusetts Medical Society. By Henry I. Bowditch, M.D. Second Edition. Boston: David Clapp & Son. 1868. From the author.

Dr. Bowditch's views are at present widely known, and their dissemination has gone far towards establishing the true philosophy of management of phthisical cases. The all-important thing is to have the patient change his climate — not to one cold or hot, but where, with moderate thermometric changes, the air is uniformly dry. No better climate can be found than the interior table-lands of this continent. If any-

thing will "cure consumption," it is the climate where the hunters do not have to smoke or salt their venison or buffalo meat, but where it dessicates speedily, without any taint of putrefaction.

REPORT Presented to the Ninth Annual Meeting of the New Sydenham Society, held at Dublin, Aug. 10th, 1867; with List of Works Published, and other Information. Richard J. Dunglison, M.D., Hon. Local Secretary, 116 Girard st., Philadelphia.

The annual subscription to this useful society is $7.50, in advance, (the duty, etc., payable on arrival of the volumes, amounting to about $2.50 additional.)

Mr. S. R. Wells, editor Phrenological Journal, has published:

THE GOOD MAN'S LEGACY; an excellent Sermon, by Rev. SAMUEL OSGOOD, D.D. With Portrait and Sketch of Dr. Richard Rothe, of Heidelberg. Price, 25 cents.

CONSUMPTION; Its Cause, and Cure by the Swedish Movement. With Illustrations and Directions for Home Application. By DAVID WARK, M.D. Price, 30 cents.

EDUCATION OF THE HEART; The Necessity of Moral Culture for Human Happiness. By Hon. SCHUYLER COLFAX. Sent post-paid for 10 cents. Address the Publisher, 389 Broadway, New York.

CONSTITUTION, By-Laws, and Code of Ethics, of the Chicago College of Pharmacy; with a List of Officers and Members. Organized and Incorporated, Sept. 5th, 1859.

From an accompanying slip, we learn that the College contemplates the institution of a course of lectures on chemistry, pharmacy, materia medica, and the collateral sciences, commencing October next. Thos. Whitfield, 281 State street, is chairman of the committee having the matter in charge.

EDITORIAL.

Rush Medical College.

Programme of Spring Course, commencing Monday, March 2nd, 1868:

Dr. Holmes,	Mondays and Thursdays,	2	o'clock.
Prof. Blaney,	" " "	4	"
Dr. Parkes,	Tuesdays and Fridays,	2	"
Dr. Fenn,	" " "	10	"
Dr. Owens,	Wednesdays and Saturdays,	10	"
Dr. Lyman,	Mondays and Wednesdays,	11	"

Dr. Marsh, every day, 3 o'clock. *Dispensary.*

Prof. Freer, Mondays and Thursdays, 10 o'clock.

Prof. Gunn, Surgical Clinic, every Saturday at 2 o'clock.

Our Paris Article.

Owing to the non-arrival from Paris of the remaining pages of the article being translated for the JOURNAL by Dr. Hay, we are reluctantly compelled to send our forms to press without waiting any longer for them. The remainder of the article will appear as soon as received.

Our Philadelphia Letter.

Our Philadelphia letter, in the last number, by some unaccountable mistake, was not placed under its appropriate heading. Readers, however, will readily recognize the initials "E. R. H.," and thus give the proper location of the "Clinical Cases."

Nasal Douche.

A very convenient little apparatus is the *Nasal Douche*—see advertising pages. Easily managed, and not liable to get out of repair, we have found by experience that it affords a very successful means of treating various affections of the

nose. The attention of those of our readers who have not tried it, is especially directed to the article.

Back Numbers.

Back numbers for 1867 can now be supplied to those of our subscribers who wish to complete their volumes.

To our Subscribers.

Subscribers who have not received their copy of the "Endoscope," as per our prospectus of last December, by notifying us will have it promptly forwarded. We shall take it as an especial favor to be notified of any failure to receive the JOURNAL on time, as our arrangements contemplate no delay in issue or failure in mailing the numbers.

LOOT.

Narceine.

Narceine is coming into great fashion among the French, to replace *Morphia*. The dose generally given internally is from a sixth to half a grain. At the outset it diminishes the pulse, but subsequently accelerates the pulsations. It does not seem to produce constipation, but rather a free action of the bowels. It is said to retard menstruation. Dr. Eulenberg prefers it to any other narcotic, and gives it in neuralgia, in painful affections generally, and in articular diseases, iritis, cystitis, and orchitis, stating that it produces sleep, "which is soft, tranquil, uninterrupted, and followed by a quiet awakening." *Narceine* is reported to be preferable to *Morphia*, as a general rule, and to act effectually in those cases in which *Morphia* fails.—*St. Louis Medical Rep.*

Arsenic in the Treatment of Pulmonary Phthisis.

Dr. Moutard Martin, physician to the Hospital Beaujon, presented a paper to the Paris Academy of Medicine, upon the value of *Arsenic* in the treatment of pulmonary phthisis. The following conclusions of his memoir, we take from the *Gazette Hebdomadaire*:

1. Arsenical medication has a very positive action upon pulmonary phthisis.
2. That action is more efficacious in slow phthisis than in phthisis accompanied by fever.
3. Rapid phthisis and acute granular phthisis are not modified by arsenic.
4. In a certain number of cases, even in advanced phthisis with hectic, the general state of the patients is favorably modified, at least for a time, which time may be quite prolonged.
5. The modification of the local lesions is very slowly produced.
6. A certain number of cures should be attributed to arsenical medication, which would be more numerous if the patients did not too soon believe themselves cured, and if they had more perseverance.
7. To be efficacious, the treatment should be long-continued.
8. The *Arsenic* should be administered in extremely small doses.
9. Daily doses should not exceed two centigrammes. (Dr. Moutard Martin used granules of *Arsenious acid*, one milligramme each. He commences by one or two milligrammes, and gradually augments the dose according to individual tolerance, milligramme by milligramme.) [Full and diminishing doses are better. — Ed. C. M. J.]
10. *Arsenic* is better borne by patients slightly advanced, than by those who have reached the stage of excavation.
11. When doses do not exceed 15 milligrammes or 2 centigrammes, tolerance is, so to speak, indefinite.
12. The most manifest action of arsenical medication is corrobant, and secondarily, modifying of the pulmonary lesion. Yet, certain facts prove that *Arsenic* exerts a direct action upon the respiratory function; it may have an action upon the pulmonary tissue itself, and upon tubercle.

Intestinal Puncture in Tympanites.

Under the advice of Dr. Foussagrives, intestinal puncture, as a last resource, has been several times practiced at Toulouse, on two patients suffering with tympanites. In the first case, the abdomen formed an immense mass; the patient was perfectly cyanosed and suffocating. On July 15th, M. Lafargue inserted an exploring trocar into the most distended part of the lower umbilical region. The gas escaped so violently

as to extinguish a candle. The danger of asphyxia was thus removed; but the distension reappeared the next day, notwithstanding the use of ice and compression. Two fresh punctures were made in different places, and gave so much relief that the life of the poor patient was prolonged until July 20th, when he succumbed to his disorder without suffering from the other complication. The success and the harmlessness of the operation are still more evidenced in a second case, in which, notwithstanding all the means employed, Dr. Ressequet found the patient half asphyxiated. He made a puncture without any ulterior trouble, and five others were afterwards successively made, until the gases were naturally evacuated, and the patient cured. These cases give solid reasons for the practice of this method, so apparently dangerous, but so really harmless.—*L' Union Medicale.*

The Preparation of Pepsin.

The following method of preparing *Pepsin*, was published by Dr. Beale, in his *Archives of Medicine:* "The mucous membrane of a perfectly fresh pig's stomach is carefully dissected from the muscular coat, and placed on a flat board. It is then cleaned with a sponge and a little water, and much of the mucus, remains of food, etc., carefully removed. With a back of a knife, or with an ivory paper knife, the surface is scraped very hard, in order to press the glands and squeeze out their contents. The viscid mucus thus obtained contains the pure gastric juice, with much epithelium from the glands and surface of the mucous membrane. It is spread out upon a piece of glass, so as to form a very thin layer, which is dried at a temperature of 100 degrees over hot water, or *in vacuo* over sulphuric acid. When dry, it is scraped from the glass, powdered, and kept in a stoppered bottle. A good digestive fluid may be made as follows: of the powder, 5 grains; strong *Hydrochloric acid*, 18 drops; water, 6 ounces. The fluid may be filtered easily, and forms a perfectly clear solution, very convenient for experiment. It may be taken with the salt, at a meal. The powder is devoid of smell, and has only a slightly salt taste. This powder undergoes no change, if kept perfectly dry. It contains the active principle of the gastric juice almost unaltered. Eight-tenths of a grain of this pepsin, with ten drops of dilute *Hydrochloric acid* and an ounce of distilled water, dissolve one hundred grains of hard-boiled white of egg in from twelve to twenty-four hours."